

Baby Steps: Infant Toddler Quality Improvement Project Invoice 2006-2007

Office of Child Care

Invoice Number: _____

Billing Period (circle): 1st 2nd 3rd

Center Name: _____	
Street Address: _____	
City: _____	Zip Code: _____
Contact Name: _____	Telephone: _____

INVOICE CALCULATION (Do not write in the gray sections)			
1. Reimbursement for training hours: \$110.00 per quarter			1. \$110.00
Circle the target month:	Total Monthly Attendance	No. of days in the Month	
Aug 21-31 (1 st billing period)			
Nov. (2 nd billing period)			
March (3rd billing period)			
Average Daily Attendance (ADA) = Monthly Attendance divided by the number of days in the month. Write this number here: _____.			
2. Stipend Amount. Refer to ADA invoice chart below			2.
3. Invoice total (Add Line 1 + Line 2) =			3.

ADA INVOICE CHART – Stipend Amount

YOUR ADA (Average Daily Attendance)	Invoice Amount (Write this amount on the invoice amount line)
1 – 4.4	\$600
4.5 – 8.4	\$800
8.5 – 12.4	\$1200
12.5 – 16.4	\$1600
16.5 – 20.4	\$2000
20.5 – 24.4	\$2400
24.5 - 28.4	\$2800
28.5 and above	\$3200

REQUIRED ENCLOSURES: Quarterly Report ____ Training Report ____ Attendance Form ____

Grantee Signature _____

Date _____

Vendor Number: _____ Contract Number: _____ Date Prepared: _____

For Office of Child Care Use Only							
Fund	Agency	Low Org	Appr Code	Activity Code	Object Code	Report Category	Amount
1000	6000	6160	NJC	6ITG		CCIT	
Approved by: _____ Program Specialist Date: _____							

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